

FACILITY NAME AND PERMIT NUMBER:

MARY WALTER ELEM.

-VA0064726

FORM

2A

NPDES

NPDES FORM 2A APPLICATION OVERVIEW



APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow \geq 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name MARY WALTER ELEMENTARY SCHOOL

Mailing Address 320 HOSPITAL DR. - SUITE 40
WARRENTON, VA 20186

Contact person DR. DAVID SECK

Title SUPERINTENDENT - FAUQUIER COUNTY PUBLIC SCHOOLS

Telephone number 540-422-7011

Facility Address 4529 MORRISVILLE RD.
(not P.O. Box) BEALETON, VA. 22712

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name FAUQUIER COUNTY PUBLIC SCHOOLS

Mailing Address 320 HOSPITAL DR. - SUITE 40
WARRENTON, VA. 20186

Contact person WILLIAM W. ELGIN

Title MANAGER - FAUQUIER COUNTY MAINTENANCE + REPAIR

Telephone number 540-422-8488

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner (REP) ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES _____

UIC _____

RCRA _____

PSD _____

Other VPDES # VA0064726

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>MARY WALTER ELEM</u>	<u>424 STUDENTS</u>	<u>SEPARATE</u>	<u>PRIVATE</u>
	<u>65 STAFF</u>		<u>(FAUQUIER COUNTY SCHOOL BOARD)</u>
Total population served <u>489</u>			

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A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.0067
- mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	<u>0.0039</u>	<u>0.0037</u>	<u>0.0038</u>	mgd
c. Maximum daily flow rate	<u>0.0080</u>	<u>0.0091</u>	<u>0.0094</u>	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent
- X

- ii. Discharges of untreated or partially treated effluent _____

- iii. Combined sewer overflow points _____

- iv. Constructed emergency overflows (prior to the headworks) _____

- v. Other _____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) N/A mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: N/A

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☒ Yes ☐ No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

FOR EMERGENCIES, WASTEWATER IS PUMPED + HAULED

If transport is by a party other than the applicant, provide:

Transporter name:

BUTLER + EICHER SEPTIC CLEANING

Mailing Address:

10607 JAMES MADISON HWY.
BEALETON, VA. 22712

Contact person:

GREG BUTLER

Title:

MANAGER

Telephone number:

540-439-3807

For each treatment works that receives this discharge, provide the following:

Name:

REMINGTON WASTEWATER TREATMENT PLANT

Mailing Address:

12523 LUCKY HILL RD.
REMINGTON, VA 22734

Contact person:

RAYMOND A. SEARLS

Title:

CHIEF OPERATOR

Telephone number:

540-439-2225

If known, provide the NPDES permit number of the treatment works that receives this discharge.

VA 0076805

Provide the average daily flow rate from the treatment works into the receiving facility.

0.0038 mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Yes

No

FOR EMERGENCY PUMP
+ HAUL ONLY

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method

continuous or

intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number

1

b. Location

BEALTON
(City or town, if applicable)22712

(Zip Code)

FAUQUIER
(County)VA
(State)N 38° 30.240'
(Latitude)W 77° 42.234'
(Longitude)

c. Distance from shore (if applicable)

ft.

d. Depth below surface (if applicable)

ft.

e. Average daily flow rate

0.0038 mgd

f. Does this outfall have either an intermittent or a periodic discharge?

X

Yes

No

(go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs:

APPROX. 180 SCHOOL DAYS

Average duration of each discharge:

8 HRS. PER SCHOOL DAY

Average flow per discharge:

0.0038

mgd

(OVER 8 HR SCHOOL DAY)

Months in which discharge occurs:

AUGUST - JUNE

g. Is outfall equipped with a diffuser?

Yes

X

No

A.10. Description of Receiving Waters.

a. Name of receiving water

HARPERS RUN

b. Name of watershed (if known)

CHESAPEAKE BAY

United States Soil Conservation Service 14-digit watershed code (if known):

c. Name of State Management/River Basin (if known):

RAPPAHANNOCK RIVER

United States Geological Survey 8-digit hydrologic cataloging unit code (if known):

d. Critical low flow of receiving stream (if applicable):

acute _____ cfs

chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

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A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary
☐ Advanced ☐ Other. Describe:

PRIMARY = SCREENING
 SECONDARY = CHLORINATION + AERATION

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal

88 %

Design SS removal

88 %

Design P removal

N/A %

Design N removal

90 %

Other

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

CHLORINE

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number:

01

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.12	S.U.			
pH (Maximum)	8.66	S.U.			
Flow Rate	0.0094	MGD	0.0038	MGD	29
Temperature (Winter)	11.8	DEG. C	7.2	DEG. C	6
Temperature (Summer)	25	DEG. C	20	DEG. C	6

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	29	MG/L	10.44	MG/L	29	SM5210-B-2011
	CBOD-5	N/A					
FECAL COLIFORM (E-COLI)		0	N/CML	0	N/CML	7	
TOTAL SUSPENDED SOLIDS (TSS)		24	MG/L	8.78	MG/L	29	SM2540-D-2011

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

David C. Leek, Supt.

Signature

[Signature]

Telephone number

540-422-7020

Date signed

10/30/15

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO ₃)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME: MARY WALTER ELEMVPDES PERMIT NUMBER: VA 0064726

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☒ Yes ☐ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?

☒ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

FACILITY NAME: MARY WALTER ELEM.

VPDES PERMIT NUMBER: VA0064726

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: MARY WALTER ELEM. SCHOOL
b. Contact person: DR. DAVID SECK
Title: SUPERINTENDENT OF SCHOOLS
Phone: 540 422-7011
c. Mailing address:
Street or P.O. Box: 320 HOSPITAL DR. - SUITE 40
City or Town: WARRENTON State: VA Zip: 20186
d. Facility location:
Street or Route #: 4529 MORRISVILLE RD.
County: FAUQUIER
City or Town: BRALETON State: VA Zip: 22712
e. Is this facility a Class I sludge management facility? ☐ Yes ☐ No
f. Facility design flow rate: 0.0067 mgd
g. Total population served: 489 STUDENTS AND STAFF
h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☒ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: FAUQUIER COUNTY PUBLIC SCHOOLS
b. Mailing address:
Street or P.O. Box: 320 HOSPITAL DR. - SUITE 40
City or Town: WARRENTON State: VA Zip: 20186
c. Contact person: WILLIAM W. ELGIN
Title: MANAGER - FAUQUIER COUNTY MAINTENANCE & REPAIR
Phone: 540 422-8488
d. Is the applicant the owner or operator (or both) of this facility?
☒ owner (rep) ☐ operator
e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☒ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0064726
b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If yes, describe:

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5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: BUTLER & EICHER SEPTIC CLEANING
Mailing address:
Street or P.O. Box: 10607 JAMES MADISON HWY.
City or Town: BEAULETON State: VA Zip: 22712
Phone: (540) 439-3807
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
SH 600130 (VIA FAUQUIER COUNTY HEALTH DEPT.)
If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
PUMP & HAUL IN EMERGENCIES, OR AS NEEDED, TO REMINGTON WASTEWATER PLANT
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

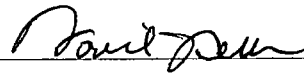
- ☒ Section A (General Information)
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

Signature  Date Signed 10/30/15

Telephone number

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

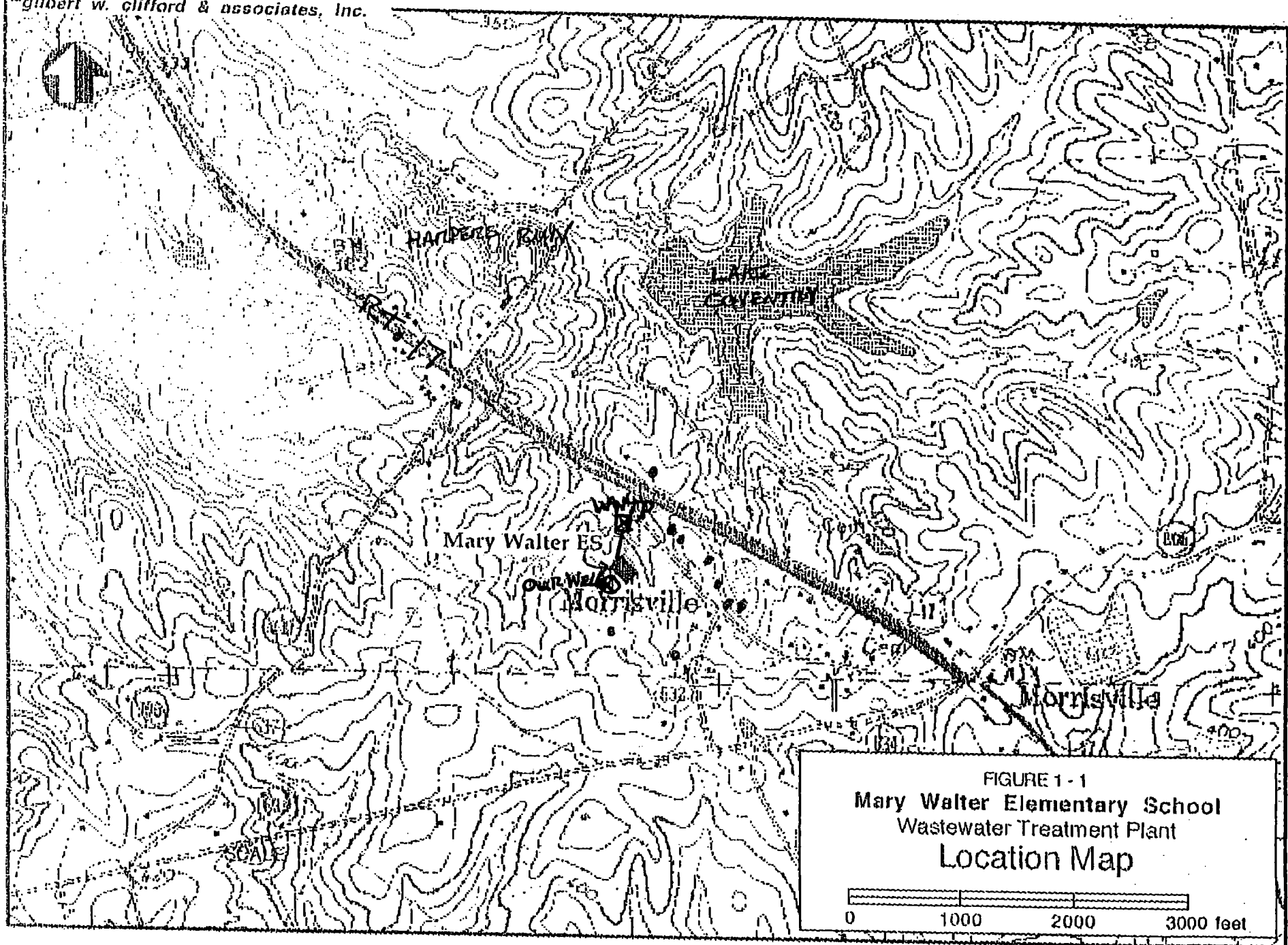


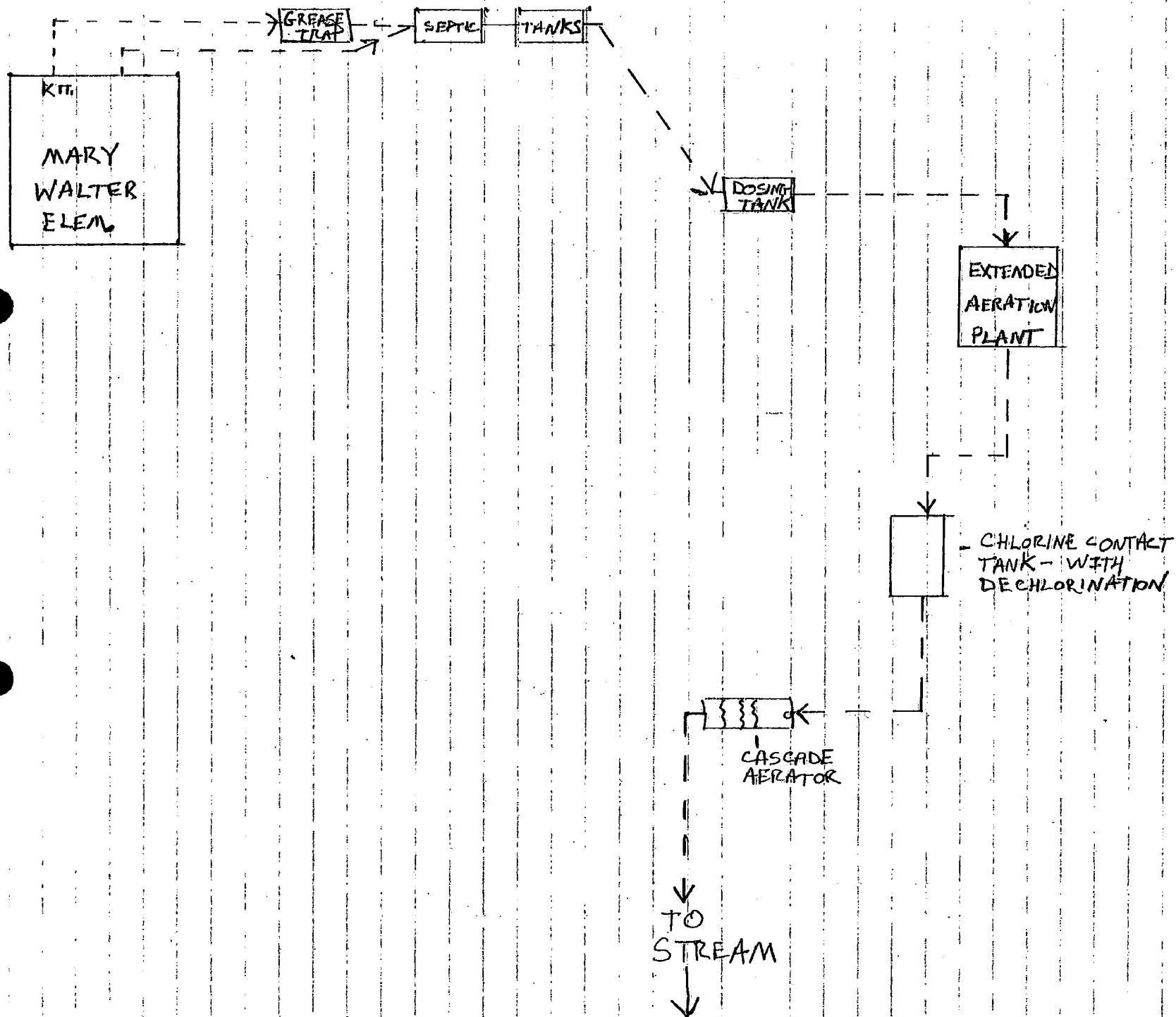
FIGURE 1-1
Mary Walter Elementary School
Wastewater Treatment Plant
Location Map

0 1000 2000 3000 feet

MARY WALTER ELEMENTARY SCHOOL

#VA0064126

LINE DRAWING



FACILITY NAME: MARY WALTER ELEM.

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SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: -0- dry metric tons
(APPROX. 20-25 POUNDS ANNUALLY)
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
 - a. Facility name: N/A
 - b. Contact Person:
Title:
Phone ()
Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
 - c. Facility Address:
(not P.O. Box)
 - d. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
 - e. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3. Treatment Provided at Your Facility.
 - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
___ Class A X Class B ___ Neither or unknown
 - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: AEROBIC DIGESTER
 - c. Which vector attraction reduction option is met for the sewage sludge at your facility?
X Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None or unknown
 - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: N/A
 - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N/A
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
 - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
-0- dry metric tons
 - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
___ Yes X No

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5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: REMINGTON WASTEWATER TREATMENT PLANT
- b. Facility contact: RAYMOND A. SEARLS
Title: CHIEF OPERATOR
Phone: (540) 439-2225
- c. Mailing address: 12523 LUCKY HILL ROAD
Street or P.O. Box: _____
City or Town: REMINGTON State: VA Zip: 22734
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: -0- dry metric tons (APPROX. 20-25 POUNDS ANNUALLY)
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number: VA-0076805

Type of Permit:

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?
- ☒
- Yes
- ☐
- No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

☐ Class A ☒ Class B ☐ Neither or unknownDescribe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: AEROBIC DIGESTION

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?
- ☒
- Yes
- ☐
- No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- ☒ Option 1 (Minimum 38 percent reduction in volatile solids)
- ☐ Option 2 (Anaerobic process, with bench-scale demonstration)
- ☐ Option 3 (Aerobic process, with bench-scale demonstration)
- ☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- ☐ Option 5 (Aerobic processes plus raised temperature)
- ☐ Option 6 (Raise pH to 12 and retain at 11.5)
- ☐ Option 7 (75 percent solids with no unstabilized solids)
- ☐ Option 8 (90 percent solids with unstabilized solids)
- ☐ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?

☐ Yes ☒ No

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

- i. If you answered yes to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

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- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

IN EMERGENCIES, OR AS NEEDED, WILL HAUL FROM SITE: NORTH ON US 17 TO: SOUTH ON SR 28 TO: SOUTH ON US 29 TO: EAST ON S.R. 651 TO: EAST ON TO TINPOT RUN LANE TO: NORTH ON LUCKY HILL ROAD TO: #42523

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____ dry metric tons
- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
☐ Yes ☐ No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: ☐ Site Owner ☐ Site operator
- e. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

<u>Permit Number:</u>	<u>Type of Permit:</u>
_____	_____
_____	_____

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

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- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
☐ Yes ☐ No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: ☐ Incinerator Owner ☐ Incinerator Operator
- e. Mailing address.
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: _____ Type of Permit: _____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name:
- b. Contact person:
Title:
Phone: ()
Contact is: ☐ Landfill Owner ☐ Landfill Operator
- c. Mailing address.
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- d. Landfill location.
Street or Route #:
County:
City or Town: _____ State: _____ Zip: _____
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: _____ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: _____ Type of Permit: _____

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
☐ Yes ☐ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ☐ Yes ☐ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ☐ Yes ☐ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in FAUQUIER TIMES in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:

DR. DAVID JECK, SUPERINTENDENT

Owner:

FAUQUIER COUNTY PUBLIC SCHOOLS

Agent/Department Address:

320 HOSPITAL DR. - SUITE 40

WARRENTON, VA. 20186

Agent's Telephone No.:

540-422-7011

Printed Name:

David C. Jeck

Authorizing Agent - Signature:

David C. Jeck

Date:

10/30/15

VPDES Permit No. VA0000000 0064726

Facility Name MARY WALTER ELEM.

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: FAUQUIER COUNTY PUBLIC SCHOOLS
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Yes ☐ No ☒
3. Provide the tax map parcel number for the land where the discharge is located. 7816-07-8175
4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? NONE
5. What is the design average effluent flow of this facility? 0.0067 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

ELEMENTARY SCHOOL KITCHEN + BATHS

-0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: _____

100 % of flow from non-domestic connections/sources

7. Mode of discharge: ☐ Continuous ☒ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

INTERMITTENT OVER TYPICAL 8 HOUR SCHOOL DAY - APPROX. 180 DAYS PER YEAR

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☐ Permanent stream, never dry

☒ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

Other: _____

9. Approval Date(s):

O & M Manual 05/22/2003 Sludge/Solids Management Plan _____

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

Thompson, Alison (DEQ)

From: Elgin, Wally [wally.elgin@fauquiercounty.gov]
Sent: Monday, November 02, 2015 2:27 PM
To: Thompson, Alison (DEQ)
Subject: FW: Mary Walter Elem permit
Attachments: 20151102141828560.pdf

Alison,

Attached is permit renewal information for Mary Walter Elementary School in Fauquier County. The original is coming via USPS. Please let me know if you need anything further. I apologize for the delay in getting this to you. I just found out on October 20th.

Respectfully,
Wally Elgin

-----Original Message-----

From: WALLY E [mailto:wally.elgin@fauquiercounty.gov]
Sent: Monday, November 02, 2015 2:18 PM
To: Elgin, Wally <wally.elgin@fauquiercounty.gov>
Subject:

This E-mail was sent from "RNPBD5448" (Aficio MP 2510).

Scan Date: 11.02.2015 14:18:27 (-0500)

Queries to: networksecurity@fauquiercounty.gov